

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To

(Payee)

PAID BY

Encl # 13
DPS-1717
COPY 1 OF 2

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				50,457.	47

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 50,457.47

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATOTHR

(Sign original only)

Differences _____

Date 6/16/58

*Payee

(If not required when a like certificate is made by payee on attached bill or bills)

Per

Title

Amount verified; correct for

(Signature or initials) *EL*

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

†

(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____, Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must be shown. For example: "John Doe Company, per John Smith, President," or "Treasury," as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

STATOTHR

FORM STL - 660

WEEKLY DET DISTR

DATE _____

5/25/58

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Continued to Sheet # 12

5/25/58

Continued to Sheet #14

Sheet #3

THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

5/25/58

FORM STL - 680

BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	TR. CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.				Mo.	Day					Maj.	Int.	Sub.	Account	M.I.O.	S.D.	Work Order	
30	05	20	8	43875	45390		06	13	66			50	25	40	22	12501	5093	90	1	2100
30	05	20	8	DM-1643	44559		05	29	174			50	25	40	22	12501	5093	90	2	14168-
30	05	20	8	24378	44651		05	21	184			50	25	40	22	12501	5093	90	1	7902
30	05	20	8	5-09-58	45031		05	23	202			50	25	40	22	12501	5093	90	1	9625
30	05	20	8	5572	44998		06	10	206			50	25	40	22	12501	5093	90	1	3248
30	05	20	8	53869	45256		06	10	264			50	25	40	22	12501	5093	90	1	24786
30	05	20	8	50078	44824		05	23	12			50	25	40	22	12501	5093	90	1	5490
30	05	20	8	50625	50625		05	23	12			50	25	40	22	12501	5093	90	1	3044
30	05	20	8	70123	45157		06	10	56			50	25	40	22	12501	5093	90	1	1800
30	05	20	8	24595	44651		05	23	184			50	25	40	22	12501	5093	90	1	20394
30	05	20	8	4881	45381		05	26	1411			50	25	40	22	12501	5093	90	1	2175
30	05	20	8	7138-58	45114		06	13	90			50	25	40	22	12501	5093	90	1	3835
30	05	20	8	242798	45130		06	10	127			50	25	40	22	12501	5093	90	1	13512
30	05	20	8	C60639A	45143		06	10	136			50	25	40	22	12501	5093	90	1	564
30	05	20	8	C62573-	45395		05	23	136			50	25	40	22	12501	5093	90	1	4230
30	05	20	8	15917	44332		06	10	181			50	25	40	22	12501	5093	90	1	23180
30	05	20	8	2561	44563		05	29	193			50	25	40	22	12501	5093	90	1	43488
30	05	20	8	2562	44563		05	29	193			50	25	40	22	12501	5093	90	1	46044
30	05	20	8	4298	45132		06	06	280			50	25	40	22	12501	5093	90	1	26400
30	05	20	8	2344045	44157		06	12	280			50	25	40	22	12501	5093	90	1	59000
30	05	20	8	25432	45001		05	30	208			50	25	40	22	12501	5093	90	1	34775
30	05	20	8	21638	45317		06	10	216			50	25	40	22	12501	5093	90	1	1575
30	05	20	8	6250	45047		05	29	415			50	25	40	22	12501	5093	90	1	17430
30	05	20	8	5420	44963		06	10	897			50	25	40	22	12501	5093	90	1	17220
30	05	20	8	DM-1648	45142		06	10	216			50	25	40	22	12501	5093	90	1	3150-
30	05	20	8	2574	44725		05	29	772			50	25	40	22	12501	5093	90	2	165240
30	05	20	8	232157	45205		06	10	127			50	25	40	22	12501	5093	90	1	29400
30	05	20	8	DM-1639	45157		06	10	56			50	25	40	22	12501	5093	90	1	1800-
30	05	20	8	251898	45130		06	10	127			50	25	40	22	12501	5093	90	1	28312
30	05	20	8	DM-1638	45130		06	10	127			50	25	40	22	12501	5093	90	1	13512-
30	05	20	8	53867	45257		06	10	264			50	25	40	22	12501	5093	90	1	5231
30	05	20	8	22720	45299		05	23	419			50	25	40	22	12501	5093	90	1	4974
30	05	20	8	5411	44183		05	23	897			50	25	40	22	12501	5093	90	2	1887
30	05	20	8	13327	44696		05	20	1021			50	25	40	22	12501	5093	90	1	32000
30	05	20	8	10410	45059		05	20	1914			50	25	40	22	12501	5093	90	1	5075
30	05	20	8	27796	45138		05	23	1915			50	25	40	22	12501	5093	90	1	4754
30	05	20	8	50107	44827		05	23	12			50	25	40	22	12501	5093	90	1	9072
30	05	20	8	25067	45157		06	10	56			50	25	40	22	12501	5093	90	1	1596
30	05	20	8	5850	45217		05	23	106			50	25	40	22	12501	5093	90	1	34104
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Continued to Sheet #4

ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE

5/31/58

FORM STL - 660

[illegible]

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE _____

5/31/58

FORM STL - 660

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020080-6

5/31/58

[illegible]

Continued to Sheet # 14

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE _____

5/58/58

FORM STL - 660

[illegible]

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020080-6

5/58/58

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5/58/58

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Continued to Sheet #10

ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE 5/58/58

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020080-6

5/58/58 .

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020080-6

Sheet #12

THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

5/58/58

FORM STL - 660

BATCH				INVOICE	PURCHASE	CHECK	PAYMENT	Vendor	GROSS	DISCOUNT	Tax	Cost	TR.	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	AMOUNT		Cost	Element	CODE	Maj.	Int.	Sub.	Account	M.I.O.	S.D.	Work Order	
01	06	02	88	3453	45065		06	16						25	40	22	12501	50933	90	2	11520
01	06	02	88	3455	44971		06	10						25	40	22	12501	50933	90	2	4050
01	06	02	88	3456	44972		06	16						25	40	22	12501	50933	90	2	5000
01	06	02	88	3459	45064		06	19						25	40	22	12501	50933	90	2	12000
01	06	02	88	5-27-8	44322		06	10						25	40	22	12501	50933	90	1	7028
01	06	02	88	5-27-8	44880		06	10						25	40	22	12501	50933	90	1	9050
01	06	02	88	2345145	44157		06	13	280					25	40	22	12501	50933	90	1	132750
05	06	03	88	25	14927		06	04	352					25	40	22	12501	50933	90	1	1098
04	06	03	88	64616	45040		06	04	225					25	40	22	12501	50933	90	1	3506
04	06	03	88	50653	45034		06	10	246					25	40	22	12501	50933	90	1	76000
04	06	03	88	205479	45160		06	10	290					25	40	22	12501	50933	90	1	14091
04	06	03	88	205977	45160		06	10	290					25	40	22	12501	50933	90	1	44550
04	06	03	88	6227	44905		06	04	1177					25	40	22	12501	50933	90	1	72200
06	06	04		PC15600			06	05	90					25	40	22	12501	50933	90	1	790
06	06	04		23228	45674		06	06	419					25	40	22	12501	50933	90	1	22990
07	06	05	88	93293	44654		06	10	38					25	40	22	12501	50933	90	2	4760
07	06	05	88	4944	44820		06	06	114					25	40	22	12501	50933	90	2	4260
07	06	05	88	5574	44951		06	27	1075					25	40	22	12501	50933	90	1	17100
07	06	05	88	278	45499		06	06	1511					25	40	22	12501	50933	90	2	5225
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																					Sheet #1 11.04
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																					Sheet #4 6.77
																					Sheet #5 8.30
																					Sheet #6 1684.26
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																					Sheet #8 30.00
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